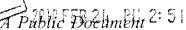
# CALIFORNIA FORM OR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS 3 2010

COVER PAGE





riease type or print in its			Freiver
NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Lowenthal	Bonnie	Α	
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE ZIP COL	DE OPTIONAC E-MAIL ADDRESS

1. Office, Agency, or Court
Name of Office, Agency, or Court:
California State Assembly
Division, Board, District, if applicable:
District 54
Your Position;
Assemblymember
If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)
Agency:
Position:
2. Jurisdiction of Office (Check at least one box)
<b>▼</b> State
County of
City of
Multi-County
Other
3. Type of Statement (Check at least one box)
Assuming Office/Initial Date:/
Annual: The period covered is January 1, 2009, through December 31, 2009.
~ <b>or-</b>
O The period covered is/, through December 31, 2009.
Leaving Office Date Left://(Check one)
O The period covered is January 1, 2009, through the date of leaving office.
-or-
O The period covered is
Candidate Election Year:

4. Schedule Summary
➤ Total number of pages 11 including this cover page:
<ul> <li>Check applicable schedules or "No reportable interests."</li> <li>I have disclosed interests on one or more of the attached schedules:</li> </ul>
Schedule A-1 🗵 Yes – schedule attached  ###################################
Schedule A-2  Yes – schedule attached Investments (10% or Greater Ownership)
Schedule B
Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Offier than Gifts and Travel Payments)
Schedule D
Schedule E
-or-
No reportable interests on any schedule

#### 5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

2-23-10

Date Signed Signature

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

Name

Bonnie Lowenthal

FAPPLICABLE, LIST DATE:   12	► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Financial Institution	Applied Materials Inc.	JP Morgan Chase
FAIR MARKET VALUE		GENERAL DESCRIPTION OF BUSINESS ACTIVITY
\$2,000 - \$10,000	Electronics	Financial Institution
NATURE OF INVESTMENT		FAIR MARKET VALUE
NATURE OF INVESTMENT	<b>⊠</b> \$2,000 - \$10,000	<b>∑</b> \$2,090 - \$10,000
Sick   Other   (Describe)	\$100,007 - \$1,000,000 Over \$1,000,000	\$1,000,001 - \$1,000,000 Over \$1,000,000
Pannership	NATURE OF INVESTMENT      Stock	NATURE OF INVESTMENT  Slock ○ Other
12	Partnership O Income of \$0 - \$500	
NAME OF BUSINESS ENTITY   Definership   DisPOSED	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY   Definition   Disposed	12,22,09	1 , , , , , , , , , , , , , , , , , , ,
Bank of America   General Description of Business activity	ACQUIRED DISPOSED	ACQUIRED DISPOSED
GENERAL DESCRIPTION OF BUSINESS ACTIVITY  Financial Institution  FAIR MARKET VALUE  \$ \$2,000 - \$10,000	► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Financial Institution	Bank of America	Johnson & Johnson
FAIR MARKET VALUE	GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
S 57,000 - \$10,000	Financial Institution	Medical Supplies
\$100,001 - \$1,000,000		FAIR MARKET VALUE
ST00,001 - \$1,000,000	<b>∑</b> \$2,000 - \$10,000	<b>∑</b> \$2,000 - \$10,000
Stock	\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
Stock	NIATHOE OF INIVESTMENT	NATURE OF INVESTMENT
Partnership   Income of \$0 - \$500   Pannership   Income of \$0 - \$500   Income Received of \$500 or More (Report on Schedule C)	Stock Other	Stock Other
O Income Received of \$500 or More (Report on Schedule C)  IF APPLICABLE, LIST DATE:		
NAME OF BUSINESS ENTITY   Chubb Corporation   GENERAL DESCRIPTION OF BUSINESS ACTIVITY   General Electric   GENERAL DESCRIPTION OF BUSINESS ENTITY   General Electric   GENERAL DESCRIPTION OF BUSINESS ACTIVITY   GENERAL DESCRIPTION OF BUSINESS AC	☐ Partnership ○ Income of \$0 - \$500 ○ Income Received of \$500 or More <i>(Report on Schedule C)</i>	Pannership () Income of \$0 - \$500 () Income Received of \$500 or More (Report on Schedule C)
NAME OF BUSINESS ENTITY   Chubb Corporation   GENERAL DESCRIPTION OF BUSINESS ACTIVITY   General Electric   GENERAL DESCRIPTION OF BUSINESS ACTIVITY   GENERAL DESCRIPTION OF BUSINESS	W. 422-102-102-102-102-102-102-102-102-102-1	(F. 100) (S. 1107 D. 1
ACQUIRED DISPOSED  NAME OF BUSINESS ENTITY General Electric GENERAL DESCRIPTION OF BUSINESS ACTIVITY  Electronics FAIR MARKET VALUE S \$2,000 · \$10,000	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
NAME OF BUSINESS ENTITY Chubb Corporation  GENERAL DESCRIPTION OF BUSINESS ACTIVITY  Financial/ Insurance  FAIR MARKET VALUE  S 22,000 - \$10,000		
Chubb Corporation  GENERAL DESCRIPTION OF BUSINESS ACTIVITY  Financial/ Insurance  FAIR MARKET VALUE  S 22,000 · \$10,000	ACQUIRED DISPOSED	ACQUIRED DISPOSED
GENERAL DESCRIPTION OF BUSINESS ACTIVITY  Financial/ Insurance  FAIR MARKET VALUE  \$ 52,000 - \$10,000		
Financial/ Insurance		
FAIR MARKET VALUE    \$2,000 - \$10,000		GENERAL DESCRIPTION OF BUSINESS ACTIVITY
\$2,000 - \$10,000	Financial/ Insurance	Electronics
\$100,001 - \$1,000,000	FAIR MARKET VALUE	
NATURE OF INVESTMENT  Slock ☐ Other	<del></del>	
Slock	\$100,001 · \$1,000,600	\$100,001 - \$1,000,000 Qver \$1,000,000
Slock	NATURE OF INVESTMENT	NATURE OF INVESTMENT
(Describe)    Pannership   O Income of \$0 - \$500   O Income of \$0 - \$500   O Income Received of \$500 or More (Report on Schedule C)    If APPLICABLE, LIST DATE:   O9	▼ Slock	Stock Other
O Income Received of \$500 or More (Report on Schedule C)  IF APPLICABLE, LIST DATE:  IF APPLICABLE, LIST DATE:  J 09 08 28 09  ACQUIRED DISPOSED  O Income Received of \$500 or More (Report on Schedule C)  IF APPLICABLE, LIST DATE:  J 09 08 28 09  ACQUIRED DISPOSED		(Describe)
ACQUIRED DISPOSED J 09 O8 28 09 ACQUIRED DISPOSED		G-
ACQUIRED DISPOSED ACQUIRED DISPOSED	IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED ACQUIRED DISPOSED	, , 09 , , , 09	08,28,09
	Comments:	1

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name
Bonnie Lowenthal

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Merck & Co.	Safeway, Inc
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Pharmaceutical	consumer staple
FAIR MARKET VALUE	FAIR MARKET VALUE
<b>⊠</b> \$2,000 - \$10,000	<b>∑</b> \$2,000 - \$10,000
	∑ \$2,000 - \$10,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT  Stock Other  (Describe)	NATURE OF INVESTMENT  Stock Cther Describe)
Partnership   Income of \$0 - \$500   Income Received of \$500 or More (Report on Schedule C)	Partnership   Income of \$0 - \$500   Income Received of \$500 of More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
<u>05 , 13 , 09                                     </u>	<u>09 / 10 / 09</u>
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Microsoft Corp.	Texas Instruments, Inc.
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
software	Electronics
	FAIR MARKET VALUE
FAIR MARKET VALUE	
NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT  Stock Other  (Describe)	NATURE OF INVESTMENT  Stock Other (Describe)
Partnership O Income of \$0 - \$500	Partnership C Income of \$0 - \$500
○ Income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , , , , , , , , , , , , , , , , , , ,	04 , 08 , <u>09</u>
//	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Microchip Technology	Unitever PLC
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	SENERAL DESCRIPTION OF BUSINESS ACTIVITY
Electronic	consumer staple
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000  \$10,000  \$100,000  \$100,000	\$2,000 - \$10,000  \$10,001 - \$100,000  \$10,000  \$10,000  \$10,000
	[ \$1,00,001 \$1,000,000 [ ] Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Cher (Describe)	Stock Other (Describe)
Partnership O Income of \$0 - \$500	Partnership () Income of \$0 - \$500
income Received of \$500 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
05 / 22 / 09	04 / 08 / 09
ACQUIRED DISPOSED	ACQUIRED DISPOSED
Community.	•

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES C	OMMISSION
Namo	

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
. Vodafone	Federal Home Loan Management
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Telecomunications	Mortgage/Financial
FAIR MARKET VALUE	FAIR MARKET VALUE
■ \$2,000 - \$10,000 ■ \$10,001 - \$100,000	<b>∑</b> \$2,000 · \$10,000
s100,001 - \$1,000,000 Over \$1,000,000	s100,007 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT  Slock Other	NATURE OF INVESTMENT government agency bond
(Describe)  Partnership   Income of \$0 - \$500   Income Received of \$500 or More (Report on Schedule C)	(Describe)  Partnership O Income of \$0 - \$500  Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE;	IF APPLICABLE, LIST DATE:
► NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
Verizon Communications	Kraft Foods
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Telecommunications	Processed Foods
FAIR MARKET VALUE	FAIR MARKET VALUE
X \$2,600 - \$10,000	\$2,000 - \$10,000  \$10,001 - \$100,000
\$100,001 - \$1,000.000 Ovel \$1,000,000	\$100,001 - \$1,000,000 Over \$1,006,000
	NATURE OF INVESTMENT
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT    Stock □ Other
(Describe)	(Describe)
Partnership O Income of \$0 - \$500 O Income Received of \$500 or More (Report on Schedule C)	Parmership  O Income of \$0 - \$500 Income Received of \$500 or More IReport on Schedule C)
IF APPLICABLE, LIST DATE;	, IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Federal National Mortgage Association	American Ecology Corp
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Mortgage/Financial	Environmental
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 · \$10,000 X \$10,001 - \$100,000
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT government agency bond  Stock ☑ Other	
(Describe)  Partnership C Income of \$0 - \$500	— (Describe) ☐ Partnership ○ Income of \$0 - \$500
Parties Ship   Schedule of \$000 or More (Report on Schedule C)	○ Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	02
ACQUIRED DISPOSED	ACQUIRED DISPOSED
0	
Comments:	

### Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Ronnie Lowentha	

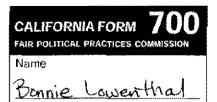
► NAME OF BUSINESS ENTITY	➤ NAME OF BUSINESS ENTITY
Magellan Midstream	Dentsply, International
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Oil pipline	Healthcare
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	☐ \$2,000 - \$10,000 <b>※</b> \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT  STOCK □ Other
(Describe)	Stock Other [Describe]
☐ Partnership ○ income of \$0 - \$500 ○ income Received of \$500 or More (Report on Schedule C)	Partnership O income of \$0 - \$500 O income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
02 <u>, 01 , 09</u> <u> </u>	
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Varian Medical Systems	Hawaiian Electric
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Healthcare	Utility
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000	
S100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
MATLINE OF INDICSTRICAT	MATHER OF INVESTMENT
NATURE OF INVESTMENT  Stock Other	NATURE OF INVESTMENT   Stock ☐ Other
	(Describe)
Partnership () Income of \$0 - \$500 () Income Received of \$500 or More (Report on Schedule C)	Partnership   Income of \$0 - \$500
C income kecewed of \$500 of Middle (Report on Surgidue C)	Throane Received or \$500 or Note Thepoti of Schedule C
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
	02,01,09 ,,09
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Zenith National Insurance Co.	JP Morgan
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
Insurance	Financial Institution
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 × \$10,001 - \$100,000	\$2,000 - \$10,000     \$10,001 - \$100.000
\$100,001 - \$1,000,000 Over \$1,000,000	5100,001 - \$7,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other(Obscribe)
Partnership () Income of \$0 - \$500 () Income Received of \$500 or More (Report on Schodulk C)	Partnership () Income of \$0 - \$500 () Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , , , , , , , , , , , , , , , , , , ,	3 > AB 3 × AB
voldingh pra oven	vedauch Piologich

### SCHEDULE B Interests in Real Property (Including Rental Income)

CALIFORNIA FORM 70 FAIR POLITICAL PRACTICES COMMISSION	
Name	,
Bonnie Lowenthal	

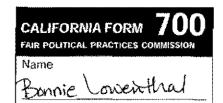
STREET ADDRESS OR PRECISE LOCATION	► STREET ADDRESS OR PRECISE LOCATION
711 Cedar Avenue	
CITY	CITY
Long Beach, CA 90813	
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000	FAIR MARKET VALUE
NATURE OF INTEREST	NATURE OF INTEREST
Ownership/Deed of Trust Easement	Ownership/Deed of Trust Easement
Leasehold	Leasehold Other
F RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
20 - \$499	
\$10,001 - \$100,000 □ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 16% or greater nierest, its line name of each tenant that is a single source of ncome of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
of business on terms available to members of the put and loans received not in a lender's regular course of	olic without regard to your official status. Personal loans
f business on terms available to members of the put nd loans received not in a lender's regular course of AME OF LENDER*	olic without regard to your official status. Personal loans business must be disclosed as follows:
f business on terms available to members of the put nd loans received not in a lender's regular course of IAME OF LENDER*  DDRESS (Business Address Acceptable)	olic without regard to your official status. Personal loans business must be disclosed as follows:  NAME OF LENDER*
f business on terms available to members of the put nd loans received not in a lender's regular course of IAME OF LENDER*  IDDRESS (Business Address Acceptable)  IUSINESS ACTIVITY, IF ANY, OF LENDER	olic without regard to your official status. Personal loans business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)
f business on terms available to members of the put nd loans received not in a lender's regular course of IAME OF LENDER*  IDDRESS (Business Address Acceptable)  IUSINESS ACTIVITY, IF ANY, OF LENDER	blic without regard to your official status. Personal loans business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER
of business on terms available to members of the put and loans received not in a lender's regular course of the put and loans received not in a lender's regular course of the put and loans received not in a lender's regular course of the put and loans received not in a lender's regular course of the put and loans received not be a lender's regular course of the put and loans received not in a lender's regular course of the put and loans received not in a lender's regular course of the put and loans received not in a lender's regular course of the put and loans received not in a lender's regular course of the put and loans received not in a lender's regular course of the put and loans received not in a lender's regular course of the put and loans received not in a lender's regular course of the put and loans received not in a lender's regular course of the put and loans received not in a lender's regular course of the put and loans received not also received not a lender's regular course of the put and loans received not a lender's regular course of the put and loans received not a lender's regular course of the put and loans received not a lender's regular course of the put and loans received not a lender's regular course of the put and loans received not a lender's regular course of the put and loans received not a lender's received not received not a lender's received not a lender's received not a	blic without regard to your official status. Personal loans business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
f business on terms available to members of the put nd loans received not in a lender's regular course of lame of LENDER"  DDRESS (Business Address Acceptable)  USINESS ACTIVITY, IF ANY, OF LENDER  ITEREST RATE TERM (Months/Years) % None	blic without regard to your official status. Personal loans business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)
of business on terms available to members of the put and loans received not in a lender's regular course of mame of LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  NTEREST RATE TERM (Months/Years)	blic without regard to your official status. Personal loans business must be disclosed as follows:  NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY, IF ANY, OF LENDER  INTEREST RATE TERM (Months/Years)

# SCHEDULE D Income - Gifts



► NAME OF SOURCE	▶ NAME OF SOURCE
Port of Long Beach	Downtown Long Beach Associates
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
925 Harbor Plaza, Long Beach, CA 90802	100 W. Broadway, Long Beach, CA 90802
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
BUSINESS ACTIVITY, IL ANY, OF SCONGE	position Net of Source
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
04 / 21 / 09	01,09,09 s 100.00 digital photo frame
	\$
► NAME OF SOURCE	► NAME OF SOURCE
Thoroughbred Owners of CA	Speaker Karen Bass
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
285 W. Huntington Dr., Arcadia, CA 91007	777 S. Figueroa St., # 4050, Los Angeles, CA 90017
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
10 / 03 / 09 s 92.26 2 tickets for CA Cup	01 , 08 , 09 s 72.52 Endeavor Jacket
	01 , 8/9 , 09 s 11.95 Breakfast & Lunch
NAME OF SOURCE	NAME OF SOURCE
Speaker Karen Bass	CA Democratic Party
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
777 S. Figueroa St., # 4050, Los Angeles, CA 90017	1401 21st St., # 200, Sacramento, CA 95811
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
09 , 15 , 09 s 45.03 Delegation Breakfast	01 , 08 , 09 <sub>\$</sub> 73.27 Dinner
01 , 26 , 09	
Comments:	

#### SCHEDULE D Income - Gifts



► NAME OF SOURCE	► NAME OF SOURCE
· · · ·	Wine Institute
California Tribal Business Alliance  AODRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
	425 Market St., Suite 1000 Sacramento, CA 94105
1530 J Street, Suite 250, Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
SUSPECION IN PRINT, OF SOURCE	BUSINESS NOTIVITY, IF ANY, OF SOURCE
DATE (mmldd/yy) VALUE OESCRIPTION OF GIFT(S)	OATE (mm(dd/yy) VALUE OESCRIPTION OF GIFT(S)
01 , 14 , 09 s 88.77 Reception	03,09,09 s 59.11 Reception
08 <u>j 26 j 09</u> s 29.00 Luncheon	\$
	s
▶ NAME OF SOURCE	► NAME OF SOURCE
Medimmune, Inc	Southern CA Edison
ADORESS (Business Address Acceptable)	AOORESS (Business Address Acceptable)
One MedImmune Way, Gaithersburg, MD 20878	2244 Walnut Grove Ave., Rosemead, CA 91770
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	OATE (mm/dd/yy) VALUE OESCRIPTION OF GIFT(S)
03 , 11 , 09 <sub>\$</sub> 58.72 Dinner	10 , 25 , 09
	03 , 21 , 09 s 50.00 Meal & Beverage
/	12 , 17 , 09 \$ 16.50 holiday ornament
NAME OF SOURCE	NAME OF SOURCE
Ed Voice	Comprehensive Child Development, Inc
ACORESS (Business Address Acceptable)	AOORESS (Business Address Acceptable)
1107 9th Street, Suite 680, Sacramento, CA 95814 BUSINESS ACTIVITY, IF ANY, OF SOURCE	2545 Pacific Ave., Long Beach, CA 90806  BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/edityy) VALUE OESCRIPTION OF GIFT(S)
03 , 24 , 09 s 71.65 Reception	06 , 28 , 09 , 150.00 tickets, Bayou festival
	\$
Comments:	

## SCHEDULE D Income - Gifts

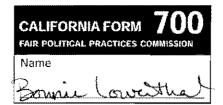


Name

Bonnie Lowenthal

► NAME OF SOURCE	► NAME OF SOURCE
Assemblymember Fiona Ma	State Building & Construction Trades Council
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
State Capitol, Room 3091	1225 8th St., Suite 375, Sacramento, CA 95814
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	<b>   </b>
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
06 / 25 / 09 s 100.00 Chinese childrens hat	10 28 09 s 85.13 dinner
	10 , 19 , 09 s 51.07 dinner
NAME OF SOURCE	► NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	s
NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GITT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
	\$
//	\$
Comments:	

## SCHEDULE D Income - Gifts



► NAME OF SOURCE	► NAME OF SOURCE
Long Beach Chamber of Commerce	Keesal, Young & Logan
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1 World Trade Center, Suite 206, Long Beach 90831	400 Oceangate, Long Beach 90801
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	11
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
01 <u>23 09</u> s 20.00 <u>lunch</u>	04 18 09 s 296.00 grand prix reception
05 / 15 / 09 s 45.00 luncheon	\$
	\$s
► NAME OF SOURCE	► NAME OF SOURCE
Long Beach Community Hospital Foundation	Children Today
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
1720 Termino Ave., Long Beach 90804	1301 W. 12th Street, Long Beach 90813
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
06 / 05 / 09 s 160.00 2 dinner tickets	11 , 19 , 09 , 220.00 winetasting event
s	\$
► NAME OF SOURCE	NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE (min/ddfyy) VALUE DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy) VALUE DESCRIPTION OF GIFT(S)
<u> </u>	\$
\$	
	\$
Commonter	
Comments:	

#### SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name	
Bon	nie Lowenthal

- Reminder you must mark the gift or income box.
- · You are not required to report income from government agencies.

► NAME OF SOURCE	▶ NAME OF SOURCE
City of Los Angeles	CA Foundation on the Environment and the Economy
ADDRESS (Business Address Accepiable)	ADDRESS (Business Address Acceptable)
1400 K Street, Room 208	Pier 35, Suite 202
CITY AND STATE	CITY AND STATE
Sacramento, CA 95814	San Francisco, CA 94133
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S): 01 / 01 / 09 12 / 31 / 09 AMT: \$ 600.00	DATE(S): 10 , 15 , 09 - 10 , 28 , 09 AMT: s 8037.09
TYPE OF PAYMENT: (must check one) 🛛 Gift 🗌 Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION: Parking at the Los Angeles International Airport	DESCRIPTION: study travel project 501c3
NAME OF SOURCE	▶ NAME OF SOURCE
ADDRESS (Business Address Acceptable)	ADDRESS (Business Address Acceptable)
CITY AND STATE	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
DATE(S):/ AMT: \$	DATE(S):/ AMT: \$(# applicable)
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION:	DESCRIPTION:
Comments:	